FORM D

SEC 1972 (6-02)

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Chinamerica Sino Biotics Acquistion LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	RECEIVED
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	MAY 1 5 2006
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Chinamerica Sino Biotics Acquisition, LLC	185
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	72-690-1177
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Investment Limited Partnership	1 - 0 &
Type of Business Organization	
□ corporation □ limited partnership, already formed □ other (plead business trust □ limited partnership, to be formed	ase specify): PROCESSE
Month Year	MAY 2 2 2008
Actual or Estimated Date of Incorporation or Organization: Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or \$77d(6).	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belowhich it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2054	9.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sphotocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sale ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sec	•
are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the accompany this form. This notice shall be filed in the appropriate states in accordance with state law. This notice and must be completed.	he exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exer appropriate federal notice will not result in a loss of an available state exemption unless filling of a federal notice	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

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			A, BASIC IDI	ENTIFICATION DATA			
2.	Enter the information	requested for the fo	llowing:				
	Name (Last name first, if individual)  Amaging Partner  Name (Last name first, if individual)  Amaging Portner  Name (Last name first, if individual)  Amaging Portner  Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Name (Last name first, if individual)  Amaging Portner   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Name (Last name first, if individual)  Amaging Portner   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Name (Last name first, if individual)  Amaging Portner   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Name (Last name first, if individual)  Amaging Portner   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Name (Last name first, if individual)  Amaging Partner   Executive Officer   Director   General and/or Managing Partner  Name (Last name first, if individual)  Amaging Partner   Executive Officer   Director   General and/or Managing Partner  Name (Last name first, if individual)  Amaging Partner   Executive Officer   Director   General and/or Managing Partner  Name (Last name first, if individual)						
			•	~			
	Each executive continues	fficer and director o	of corporate issuers and of	corporate general and mar	naging partners of	partnership issuers	; and
	Each general and	I managing partner of	of partnership issuers.				
Che	ck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
Full	Name (Last name first	, if individual)					
Ch	inamerica Holdings,	LLC					
				ode)			
Che	ck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	فسا	
Full	Name (Last name first	, if individual)			***************************************		
Bus	iness or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)			
Che	ck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	L	
Full	Name (Last name first	, if individual)			, <u>, , , , , , , , , , , , , , , , , , </u>	,	
Bus	iness or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)			
Che	ck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	<u> </u>	
Full	Name (Last name first	, if individual)					
Bus	iness or Residence Add	tress (Number and	Street, City, State, Zip Co	ode)	······································		
Che	ck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
Full	Name (Last name first	, if individual)					
Bus	iness or Residence Add	lress (Number and	Street, City, State, Zip Co	ode)			
Che	eck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
Full	Name (Last name first	, if individual)					
Bus	iness or Residence Add	Iress (Number and	Street, City, State, Zip Co	ode)			
Che	eck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and	
Full	Name (Last name first	, if individual)			<del></del>		<del>.</del>

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

				B. 1	NFORMAT	ION ABOU	T OFFERL	NG				
1 Ua-	the issuer s	ald or does	ha icenar :-	ntand to an	II to non a	coredited :	nvartoer i-	this offer	na?		Yes	No
ı. Has	s are issuet so	oiu, or does t							-		L	<b>[A</b> ]
2. Wh	at is the min	imum investr					_				\$_20,	000.00
											Yes	No
				_								
con If a or s	nmission or si person to be states, list the	imilar remune listed is an as name of the l	eration for s sociated pe proker or d	solicitation erson or age ealer. If me	of purchasent of a brol ore than five	ers in conno cer or deale e (5) person	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?  Yes No												
Busines	s or Residence	ce Address (1	Number and	d Street, C	ity, State, Z	Lip Code)						
Name of	f Associated	Broker or De	aler			<del></del>						
									······································			
(Ch	eck "All Sta	tes" or check	individual	States)				***************			☐ Al	l States
IL M	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI	MN OK	MS OR	MO PA
Full Nai	me (Last nam	ne first, if ind	lividual)		<del></del>							
Busines	s or Residen	ice Address (	Number an	d Street, C	City, State,	Zip Code)		***************************************				
Name of	f Associated	Broker or De	ealer									
States in	Which Pers	on Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Ch	eck "All Sta	tes" or check	individua	l States)								l States
<u>П</u> .	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
Full Nai	me (Last nam	ne first, if ind	lividual)			***************************************			······································			*****
Busines	s or Residen	ice Address (	Number ar	nd Street, C	City, State,	Zip Code)						
Name of	f Associated	Broker or De	ealer			<del></del>	· · · · · · · · · · · · · · · · · · ·		·			
States in	Which Pers	on Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<del></del>					
(Ch	neck "All Sta	tes" or check	individua	l States)		······					☐ Al	l States
AI IL M	IN NE	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	S	s
Equity		
Common Preferred	~ <u>~~~</u>	<u> </u>
Convertible Securities (including warrants)	\$	s
Partnership Interests		
Other (Specify Membership Interests )		
Total		
Answer also in Appendix, Column 3, if filing under ULOE.	Ψ	
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate
	Number Investors	Dollar Amount of Purchases § 1,274,980.00
Accredited Investors		
Non-accredited Investors		
Total (for filings under Rule 504 only)	0	\$
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	:	Dallar Amount
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		
Rule 504  Total		
		\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is		\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	; ;	\$ \$_0.00
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees	· · · · · · · · · · · · · · · · · · ·	\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs		\$
Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs		\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees		\$
Total		\$

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		1,250,000.00 \$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$	
	Purchase of real estate	<b></b>	
	Purchase, rental or leasing and installation of machinery and equipment	<b></b> \$	
	Construction or leasing of plant buildings and facilities	\$	s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<b>]</b> \$	
	Repayment of indebtedness	<del></del>	_s
	Working capital		s
	Other (specify): Management Fees of 2% per anum	<b>]</b> \$	<b></b> \$
	Investment Capital	\$1,250,000.0	°
	Column Totals	უ <sub>\$</sub> 1,250,000.0	0.00 ≥ □
	Total Payments Listed (column totals added)		250,000.00
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of I	sion, upon writte	
the	per (Print or Type) Signature	Date	- <u> </u>
ss	inamerica Sino Biotics Acquisition, LC		

### – Attention –

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>X</b>
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit D (17 CFR 239.500) at such times as required by state law.	led a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be ent limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalt horized person.	if by the	undersigned
Issuer (	Print or Type) Date Date		
Chinam	erica Sino Biotics Acquisition, LLC		
Name (I	Print or Type) Title (Print ppe)		

Managing Member, General Holdings, LLC

#### Instruction:

Beau Johnson

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### APPENDIX 2 3 1 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited No State Yes Investors Amount Investors Yes No Amount ALAK AZAR CA X 4 \$355,000.00 CO CT DE DC FL 3 \$15,000.00 X 1 \$60,000.00 GA Ш $\mathbf{m}$ 12 $\mathbb{L}$ \$417,500.00 X IN ΙA KS KY \$20,000.00 X 1 LA ME MD MA MI MN

MS

#### APPENDIX 2 3 1 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price to non-accredited Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors Yes No State Amount Amount MO MT NE NV NH NJ NM X \$10,000.00 x \$12,500.00 NY NC ND OH 4 OK X \$60,000.00 OR PA RI SC SDTN5 TX X \$315,000.00 UT VT VΑ $\mathbf{W}\mathbf{A}$ WV WI

APPENDIX										
1		2 I to sell	Type of security and aggregate offering price	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of		
	investor	s in State	offered in state (Part C-Item 1)					waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										